



# TOWN OF EDGEWOOD

## ANIMAL LICENSE INFORMATIONAL SHEET

### Owner Information:

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
PLEASE PRINT CLEARLY

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

DL # \_\_\_\_\_

Email address \_\_\_\_\_

### Alternate Contact:

(This information is needed in case the animal is lost, it can possibly be returned if owner is not available)

Name: \_\_\_\_\_  
PLEASE PRINT CLEARLY

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Animal Information:

A copy of a rabies vaccination receipt or certificate and proof of sterilization ( if applicable) from a veterinarian must be provided for each pet.

PET'S NAME: \_\_\_\_\_

TYPE: \_\_\_\_\_ SEX: \_\_\_\_\_ COLOR: \_\_\_\_\_

AGE: \_\_\_\_\_ BREED: \_\_\_\_\_

Is animal sterilized? \_\_\_\_\_ Sterilized by or Proof provided by: \_\_\_\_\_

Rabies Vaccination #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 1yr or 3yr Rabies  
circle one

Other Identification (such as a Micro-chip, tattoo, etc): \_\_\_\_\_